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ABSTRACT

A collaborative training initiative for promoting best practices in early intervention was evaluated as part of a statewide outreach grant funded by the Early Education Program for Children with Disabilities, U.S. Department of Education and conducted by the Maine Bureau of Children with Special Needs. Project Reach ME developed and conducted field-based training in early intervention practices using interactive television broadcasts to introduce proven family focused programming strategies and team assessment approaches as well as a cadre of in-state practitioners to deliver on-site follow-up best practice early intervention training. The evaluation studied the underlying assumptions of the program model and its overall implementation through field observations, individual and group interviews, and document review. Mailed surveys, pre- and post-assessments, and informal reporting also provided data. Due to major modifications in the early intervention system in Maine, the project's results were summarized in a white paper to identify policy implications and raise questions about areas that will influence the availability of training in the future. The evaluation reveals mostly positive findings about the program. The examination of training implementation helps define a policy agenda for advancing best practices in Maine's early intervention system. (SLD)

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ABSTRACT

Policy Implications for Early Intervention in Maine: A Three-Year Evaluation of Project Reach ME

A collaborative training initiative for promoting "best practices" in early intervention was evaluated as part of a statewide outreach grant funded by the Early Education Program for Children With Disabilities, U.S. Department of Education and conducted by Maine's Bureau of Children With Special Needs. Project Reach ME developed and conducted field-based training in early intervention practices using interactive television broadcasts to introduce proven family-focused, programming strategies, and team assessment approaches and a cadre of in-state practitioners to deliver on-site follow up "best practice" early intervention training. The evaluation studied the model's underlying assumptions, and overall implementation to account for adjustments and inform decisions using field observations, individual and group interviews and pertinent documentation. Other methods employed to determine the effectiveness of the training and its overall impact on participants and programs included mailed survey, pre and post assessment and informal reporting from the field.

Due to major modifications in Maine's early intervention system, the Project's evaluation results were summarized in a "white paper" to specifically identify policy implications and raise questions about policy areas that will influence the availability of "best practice" training opportunity in the future. The evaluation reveals, for the most part, positive findings about the benefits, and changes in the participants, their programs and the children and families they serve. It is the examination of training implementation characterizing the use of interactive television; accounting for self-identified needs; describing the responsiveness to participants; and identifying existing constraints that helps to define the agenda for advancing "best practices" in Maine's early intervention system.

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Policy Implications for Early Intervention Practice in Maine

A Three Year Evaluation of Project Reach ME

I. BACKGROUND

Initially, "Project Reach ME" was conceived as a model to effectively disseminate exemplary early intervention practices to the many professionals and parents who worked to help establish the comprehensive child development service system in Maine. When the Project was developed in 1989, it was evident that an increasing number of children with disabilities from birth to two years of age were being identified as needing services, adding to the approximately 3,000 children (three to five years of age) with disabilities presently in the system. Since the late 1970's, Maine's system was identifying these very young children. By the mid 1980's, they were expected to be included within a "seamless" system which would deliver the necessary early intervention services under implementation of P.L. 99-457 in 1988.

The Maine Interagency Coordination Study (Koen, 1985), a 1985 "Efficacy Study" which evaluated the statewide system, its service delivery and the population it served, cited the need for short term solutions as well as long range planning to address the system's emerging growth. It strongly recommended that outreach efforts of proven best practices should begin to "create a viable, ongoing program for local site training and technical assistance". In response to the study's recommendations and the six year projections of its State Plan Grant, Maine was working to consolidate resource planning and allocations that helped reduce duplication, avoid service delivery gaps, and focus efforts to respond to the priority needs of young children with

disabilities. In light of requirements under P.L. 99-457, Maine was especially concerned with the need to enhance the uniform consistency in the range and quality of services to address the growth and development of the system.

A cooperative effort between the Bureau of Children With Special Needs, the University of Southern Maine and Child Development Services for the purpose of promoting "best practices" that enhance the early intervention service delivery system in Maine, "Project Reach ME" was intentionally linked to the statewide interdepartmental system in Maine which is administered under the Interdepartmental Coordinating Committee for Preschool Handicapped Children (ICCPHC) and comprised of public and private early intervention programs providing services through a network of local coordination sites. Services are coordinated through Child Development Services with the collaboration of state agencies such as the Bureau of Children With Special Needs, Public Health Nursing and others. When first conceived, the Project was designed to integrate with a system that had numerous accomplishments (Performance Report: Child Development Services, 1991):

- Establishment of a statewide, interdepartmental service delivery structure located at 16 individual locations and providing accessibility to all families throughout the state regarding identification, treatment, education and transition to public school services.

- Development of comprehensive interdepartmental Standards, extending into the Program Review process, that provides an interdepartmental and multidisciplinary focus to all aspects of the service delivery system and further reflects the interdepartmental priority of Maine through the use of an interdepartmental review team to complete the on-site program reviews.

- Identification of the funding streams available in Maine for services for young children and their families, with a continued focus in defining areas of service or resource development by either the type of services, or geographic location within the State.

- Commitment to the involvement of the public and private sectors in all facets of planning and system development, most importantly involving parents of young children with handicaps in the administration of the coordination system at the state and local levels.

- Implementation of a comprehensive electronic data base, which managed child and provider data on an interdepartmental basis at the state and local level, conformed to state and federal reporting needs, and reduced the paperwork involved.

Maine's early intervention network constituted a comprehensive statewide service delivery system with a strong historical, legislative partnership committed to maximizing the existing resources and providing state and local planners with a solid foundation for early intervention practice upon which to build. It was from this base the Project expected to create its early intervention outreach mechanism and implement several strategies for conducting state-of-the-art training with early intervention practitioners in Maine.

Yet, several key modifications in Maine's early intervention system have occurred since early 1990, that include:

- The statewide network moved from a "permissive" to a "mandated" early intervention service system with the implementation of P.L. 99-457.

- A central portion of this system - the entry point for families to access services has moved from 16 regional sites to one central system and then back again to the regional delivery system.

- State fiscal cutbacks have restricted participation in training that included: limiting the amount of time away from work to attend training; limiting travel expenses to attend training; and increasing the specificity of relationship between job function and training participation.

By the end of the first project year, the influence of a deteriorating economic environment in Maine upon the state budget began to have repercussions on the early intervention system and its personnel during the initial implementation of federally mandated

services. Fears were expressed that federal sanctions could be brought against the state for non-compliance with the provisions of birth to five Childfind and the mandated obligations to eligible children, ages three to five (Performance Report: Child Development Services, 1991). Agency responses to state budget cuts during 1990 became critical factors in determining whether it was cost-effective for early interventionists to pursue training in Maine. This was probably most apparent during the interactive television (ITV) broadcasts of Project Reach ME's Early Intervention Institutes which were designed to overcome transportation barriers and offer statewide access through the ITV system to the Institutes' key presenters in early intervention thereby limiting travel expenses and offering training at essentially no cost. Some state agency personnel were encouraged to attend Institutes for financial reasons associated with training and not because of the interest in its content. In the case of Public Health Nurses, for example, despite mandates for professional certification requiring them to participate in early intervention training, they could no longer access the dollars needed for training and found strict limits being placed on their travel and time for any available training. Many nurses and other state employees were urged to attend the Institutes, which appeared to diminish their incentive for participating in the Institutes. Despite evidence of increased learning and satisfaction with Institute training, a number of participants expressed concern about their mandatory attendance at the Institutes. For the Project, it became a significant issue for planning and conducting future Early Intervention Institutes to maintain the nursing audience for reasons associated with the value of the training.

Another concern was identified when state budget cuts affected local target sites which were initially interested in receiving specialized early intervention training from Project Reach

ME. One program committed staff to the training for transdisciplinary team assessment and decided to withdraw when learning that funds for this program were reduced whereby the assessment team members' staff positions were essentially cut. Hence, they not only lost the training, but were also unable to provide developmental assessments for children desperately needing them.

The far reaching effect of the economic status of Maine also influenced the ability of schools to participate in the training. Many local education agencies were politically faced with their own budget shortfalls. A school based preschool program expecting to use substitute teachers to release staff participants determined the expense was excessive and opted to use district inservice days to participate. In some instances participating schools mixed full and half-day inservice time for training. Another state run school in the face of reductions began reassigning staff to other school program areas. Personnel resented having to fill these positions and be trained to take on new roles and responsibilities they didn't want nor were ready to undertake. This became evident during training with the apparent conflict between members and their team roles repeatedly emerging as training was conducted there.

In response to the economic state of affairs in Maine, as well as unresolved organizational issues, the Department of Education (DOE) presented a plan in November 1991 to the Legislature's Appropriations Committee to restructure the Child Development Services system. This came as a political compromise in order to return a $500,000 budget target to the state's general fund for this past fiscal year and continue to meet the federal mandates under 99-457 and the Individuals With Disabilities Education Act (IDEA). The result of this action in late 1991 generated even more uncertainty about the future of early intervention with the agency responsible for implementing Part H services, CDS being relocated under the DOE and the

formal elimination of the ICCPHC occurring in January 1992, such that it reverted from the administrative oversight committee for the statewide system to only serve in an advisory capacity to the CDS. In lieu of the changes yet unforeseen by transitioning from a rapidly evolving regionally driven statewide collaborative system to a more structurally defined system of Individual Education Units under the DOE, the broad ramifications of this decision were immediate and included: staff cutbacks; reductions of staff hours; staff furloughs; general operating and supply expense reductions; and a reduction of training monies. It was fortunate for Project Reach ME that this occurred after completion of our final target site training. Yet these events have raised more concern over the fate of early intervention in Maine within a climate of politically motivated change.

In planning for anticipated increases in the number of children needing services, it is difficult to determine the extent to which lack of funding will effect the expansion of early intervention services (Fraas, 1986). Yet, training responsive to practitioners which is essential for the evolution of early intervention services will be vulnerable to unforeseen budgetary constraints. How vulnerable will be determined by the extent to which it is viewed as an interagency priority and valued as an integral part of the system. It is within this context that Project Reach ME and the partnership between the BCSN, USM and CDS would like to examine the need for a policy framework that advances "best practices" training opportunities which help to shape the Future Direction for Early Intervention Practice in Maine.

II. THE "REACH ME" MODEL OF TRAINING

Fundamental to the creation of Project Reach ME's approach was a set of assumptions about the potential for creating an outreach mechanism; building upon proven early intervention practice; using the expertise of Maine's early intervention professionals; and generating and documenting responsive training curriculum as well as resources that comprised a model on the cutting edge of early intervention training nationally. Using its evaluation and qualitative indicators, the project launched its effort in several promising directions based on emerging trends and new approaches to ensure that the training resources created were effectively deployed to best serve strategic needs and deliver optimum value (Brinkerhoff, 1989).

By linking the advanced technology of interactive television in order to introduce best practices broadly to the field, Project Reach ME first began to disseminate information on proven practices and resources in early intervention. In determining the roles of providing and receiving early intervention training, the Project examined the available incentives for offering training in an effort to include its participants (trainers and trainees) in all its training development within the early intervention field. In this way, the "Reach ME" model put forth the notion that partnerships that are inclusive and promote the use of natural settings can apply to training much in the same way as they do to working with young children and their families. The model's design is characterized by several cogent features - 1) a collaborative process, 2) flexibility through adjustment, 3) based on self-identified needs, and 4) challenging to advance best practices. The following presents the range of assumptions relative to these features and how each may have changed to reflect the adjustments necessary to help make "Reach ME" a successful demonstration project.

A Collaborative Process

A fundamental premise to the overall implementation of Project Reach ME's model was the establishment of a strong, visible relationship with the ICCPHC/Child Development Services statewide system.

- The cooperative effort in creating the project's model evolved into a partnership between the Bureau of Children With Special Needs (BCSN), the University of Southern Maine (USM) and Child Development Services (CDS), whereby the project was staffed with personnel from BCSN and USM and located centrally within CDS.

- Changes in project staffing in the first year brought on a shift whereby University personnel now included John Hornstein, formerly from BCSN and the project director/coordinator for BCSN, Anne Chaisson was hired from the CDS central office to fill John's vacancy. Both John and Anne were then serving on the ICCPHC Training Subcommittee.

- Many of the project's Advisory Board members were serving in some capacity either on the ICCPHC or within the statewide system. Comprising the Board were representatives from CDS, BCSN, Maine Parent Federation - SPIN, Department of Human Services - PHN and Child Care Coordination, and the University of Maine System.

- The office for Project Reach ME was strategically located within the CDS central office in Augusta.

Inherent in the partnership that ensured the creation of a statewide outreach mechanism was the reliance on the capability of BCSN and USM to conduct "best practice" training over interactive television.

- The impetus driving Project Reach ME emerged from the collaboration of the University and state agency systems that enabled project staff to carry out the interactive television broadcasts along with the follow-up training and technical assistance to local target sites. A novel approach, the use of television in distance learning, has been selected to be used in training early intervention personnel in other rural sites (Rule, Fiechtl, Huntington, Riall and Siders, 1988).

- Broadcasting part of the Institute's training over ITV allowed the partnership to introduce strong practices that enhanced the state's service system. Training over

the ITV was accessible by being open to everyone at barrier-free locations at no charge to participants. It set the stage for further expansion of Maine's maturing early intervention programs by continuing training that included families and parents to specifically improve the quality of services across local target sites.

- After the first ITV broadcast in June of 1990, the attendance records indicated the receiving locations of strategic importance included five of the original seven campuses. Steps were taken for future broadcasts to identify the audiences and broadcast selectively to those five campuses.

- Specific technical problems occurred during the first and second broadcasts that involved equipment malfunctions and inadequate sound. It had minimal impact on the broadcasts, though during the second ITV presentation a noticeable difference was identified in the videotaping. As a result , the project staff insisted on greater control over the broadcast's direction for future Institutes.

Flexibility Through Adjustment

Essential to the adjustment of the "best practices" models and the delivery of specialized training and technical assistance to target sites was <u>the utilization of in-state practitioners who would qualify as trainers</u>.

- This firm belief supported the use of experienced personnel to serve as resources for other professionals and provide training to local program sites in each of the three content areas.

- Practitioners were recruited through application process and selected based on their compliance with the established program standards, their level of expertise and their potential for training others in a particular "best practice" area.

- Selected in-state specialists were representative of the public and private entities in the system which reflected the uncertain fiscal responsibilities and agency mandates that existed and had broad implications for training.

- Over each of the three cycles, the project modified planning and preparation from the interactive television broadcasts to the local delivery of site training in an effort to help maximize the participation of in-state practitioners. In order to accommodate its implementation, the approach evolved to include:

    - ♦ Information and preparation on training adult learners for in-state specialists

- ♦ Pairing or teaming of in-state specialists when appropriate for conducting the training of target sites

- ♦ Engaging in-state specialists with target sites in the process of identifying training needs and matching up with them

- ♦ Providing for greater exchange between national experts and in-state specialists over the two-day institutes that included integrating partial presentations and responses to questions by in-state specialists during broadcasts

- ♦ Developing a rapport between national experts, in-state specialists and target site staff through an introductory activity at the early intervention institute.

Implementation of specialized training and technical assistance was posited on the availability of a minimum of nine target sites that were ready to receive outreach training.

- Using advisory board members, the project expected to select nine target sites based on their interest, commitment to an approach and substantiated need for the training.

- Announcing the available training first through mailed notices, the project then began to solicit programs through direct telephone contact where advisory board members became invaluable for reaching out across the state. This helped ensure participation of three sites for each proven model.

- The application process included collecting information to address the specific selection criteria. Yet reviewers determined that applicants had to provide responses from families to verify parent participation in the programs in order to meet site selection criteria. This initially seemed to address concerns for parent involvement at selected target sites, although it may have further complicated a process that deterred smaller, less organized programs that had an existing outreach need from applying for the training.

Based on Self-identified Needs

In response to the need for choosing "proven" early intervention practices, the designers identified, by survey response, an interest in promoting three nationally recognized approaches developed by several out-of-state experts.

- Each distinct model which represented national "best practices" (Transactional Intervention, Family Enablement and Transdisciplinary Team Assessment) were sound matches with the self-identified needs of practitioners in Maine. Each was chosen for its consistency with the themes of programming strategies, family-focused intervention and team assessment.

- All three approaches had a strong applicability to Maine's rural network of services and stressed the importance of the family-professional partnership, a fundamental premise of the interdepartmental early intervention system in Maine.

- The national experts had varying opportunities to train personnel in Maine in advance of the project which was sometimes reflected in the interest expressed by professionals as each cycle of training was being developed.

- At the outset, the project found it necessary to take advantage of the interest and related training resources in the first year such that "Reach ME" began with the Family Enablement model because of the previous wave of attention service providers were giving to them. The project was also able to capitalize on the several trained practitioners sent to North Carolina as part of a CDS sponsored effort in 1989. As a result, the Transactional Interaction model came second in the series which allowed more time for the project to promote the approach for programming strategies which was the least known of the three.

Challenging to Advance Best Practices

A commitment was made to enhance the statewide system by training practitioners from the field who were conversant in a best practice area to then serve as trainers working in teams to deliver specific target site training, hence the need for establishing a Train-the-Trainer Component.

- This strategy was found to be effective and provided the project with the opportunity to link national experts with in-state specialist trainers who could train in the field.

- The challenge during implementation was to allow enough of an exchange between the national experts and our in-state specialists, between the specialists themselves and then between the specialists and trainees from target sites.

- The project found that adjustments had to account for the needs of specialists as well as the target sites, such that training required ongoing staff to support, help define, prepare and coordinate delivery of the training. In determining the form and approach for providing training, specialists and site trainees had to have flexibility such that training e.g. might be formal or informal, skill-based or consultative, and team taught or individually instructed.

III. PROJECT IMPLEMENTATION

Throughout each phase of implementing Project Reach ME, steps were taken to test the viability of its outreach mechanisms and the strategies it has employed to produce evaluation data that was useful for revision (Brinkerhoff, 1987). In order to carry out the work as proposed, project staff carefully monitored each cycle of training to characterize the use of ITV to advance best practices; to account for the identified training needs; to describe the trainings' responsiveness to participants; and to identify the constraints to conducting training. The following is intended to provide documentation from the project's evaluation findings as a point of discussion for each of the aforementioned areas.

A. Promoting Best Practices Over Institute Broadcasts

Each of the three proven early intervention practices were introduced through an Early Intervention Institute that included presentations by national experts over a statewide interactive television broadcast. Conducting part of the Institute over interactive television (ITV) enabled each best practice to be presented to a broad statewide audience, overcoming the transportation barriers with participants as far south as Portsmouth, New Hampshire and as far north as Madawaska. Given the opportunity for audience participants to interact directly on camera with presenters and to ask questions, comment and engage in a dialogue with other participants this outreach strategy provided access and the medium to raise interest throughout Maine in each of the best practice areas.

- Although very few parents attended of the 284 participants, twenty-two disciplines were represented with public health nurses and program administrators comprising nearly 20% of audience.

- Between 55 and 60% of participants gave good to excellent ratings of the ITV system as a learning medium.

- An average of nearly 80% of participants gave high ratings for presenters' ability to be open and responsive to them.

- Question and Answer periods were vulnerable to technical malfunctions and speakers' time which in some cases reduced the actual time allotted for questions. At two of the Institutes, an average of roughly 50% cited inadequate time for questions.

- National experts giving presentations were recognized by two-thirds of participants as being able to convey a strong grasp of the subject in their presentations.

B. The Self-Identified Needs of Participants

The three proven practices selected by the project were consistent with major themes which had been given a priority in a 1989 needs survey to early intervention practitioners. The basis for promoting high quality early intervention practices in Maine came from the self-identified needs for best practice training of professionals themselves. The creation of the follow-up training began with each target site's indicated need and desire for training; an examination of content areas from the Institute; and matching the unique strengths of the in-state specialists.

- At the outset, target site participants were engaged in discussion with project staff over specific needs, training topics and necessary resources to begin developing a list of potential training categories. These proposed training "tracks" provided a menu of between eleven and fourteen areas for each site to choose from that would address their training needs.

- It became paramount that the follow-up training be developed to specifically address the unique needs of the target sites in consideration of staff backgrounds and experience; participating consultants; the regional network of services; and program planning.

- From the beginning it was also necessary to clearly identify and agree upon the training content, trainer and participant responsibilities and training expectations the in-state specialists and target sites had.

- In order to introduce in-state specialists to the target sites, a base of information consisting of site application summaries was provided during the preparation period.

- The project learned that consistent advance preparation time to actively involve and build ties between site participants and in-state specialists was needed to create the training tracks.

C. Responsiveness to the Field of Early Intervention

Inherent to the design of Project Reach ME was the commitment to a flexible training model that would creatively employ existing resources to generate training and materials that are responsive to the changes occurring throughout the early intervention system. This signified an approach that was refined in response to the training experiences and continuous feedback of participants which reflected the evolving state system and the field's need for "best practice" training resources. Accommodations absent from the initial workplan that were made by the project include:

- Compensating in-state specialists who were state employees conducting training that fell on furlough days. The state had made an initial in-kind commitment of state employee time to training that became lost to specialists who were committed to conducting training on furlough days which they could not be paid for. In one case the project provided a stipend to an in-state specialist employed by the state for one day of training provided on a furlough day. Other instances resulted in rescheduling the training on days when state employees are being paid.

- Each training session was individually coordinated to maximize participation, particularly with preschool target sites. Scheduling avoided conducting follow-up training during summers and adjusted to individual school calendar years, e.g. training dates were assigned to fall on school release days so that substitutes were not required.

- The Advisory Board acknowledged a need to the project for training in the use of assistive technology with preschool age children with disabilities in Maine. Through collaboration in conjunction with Maine CITE and the Maine Evaluation Software Centers at USM and UMF, the project co-sponsored a Special Early Intervention Institute on Assistive Technology broadcast over the ITV and utilizing regional computer lab locations to try out software materials.

- The Advisory Board and staff identified from practitioners a need to examine the concepts behind the "best practice" areas that could be profiled in videotapes. As a result of the interest from the field the project collaborated with Board members and subcontracted with a producer to develop two training videos that depict the lives of young children with disabilities and their family's experiences. Both videos exemplify the three "best practice" areas being promoted and can be used in conjunction with the training print materials.

D. Constraints to Delivering Follow-Up Training

During the period of implementation, documented concerns have revealed a number of constraints or barriers to this type of field-based early intervention training. Once encountered, the project made the necessary adjustments to compensate and provide training as planned. By

addressing each constraint, successive training cycles were informed of these ongoing issues in order to improve the quality of training. It now becomes important to examine their relevance to future training initiatives and to identify the lessons learned from this experience.

- Logistical challenges emerged due to the geographic range of locations from target sites, personnel and trainers in conjunction with the time needed to generate training.

- The most frequently reported types of barriers to best practice implementation based on survey responses were:

  - Economic 90%
  - Political 57%
  - Administrative 47%

- Limited site resources prevented some appropriate staff from participating, e.g. releasing all pertinent staff for the day when some were contracted or sending all of them would result in closing the program for the day.

- In some instances, "adequate" on-site space to accommodate training was scarce or unavailable such that crowding influenced the quality of the presentation.

- An imbalance existing among some trainers in their knowledge and expertise raised concern over the quality of best practice training.

- Several training presentations were considered rigid, i.e. didactic with little interaction, or opportunity for participants to process information creating uncertainty about flexibility in addressing needs.

- Unresolved internal or systemic issues facing target sites sometimes interfered with the training demonstration, despite efforts by project staff to keep them separate from the initiative.

- Misunderstandings about training that involved:

  - identified need
  - roles and responsibilities
  - commitment and expectations
  - scheduling
  - training consistency

  underscored the importance of clear communication throughout the training implementation.

- Unanticipated interruptions during training, e.g. equipment malfunctions, or spontaneous rescheduling occasionally interfered with the flow of some events.

IV. IMPACT OF THE TRAINING

The training demonstration is believed to have had a considerable effect that produced certain benefits to site families and participants, changes in the in-state specialists, programmatic changes in the delivery of early intervention services and a long term effect on early intervention practice.

A. Benefits Associated With "Reach ME" Training

Numerous benefits have been credited to the training. Evidence provided through written survey responses, periodic observation, participant and trainer interviews and informal reporting from the field has identified benefits of: increased motivation to changing practice; using new strategies and skills; enhanced staff perceptions and attitudes; addressing staff development needs; effecting the way families are served; and providing opportunity for program growth.

- Motivation of participants increased toward changing or affirming their own practice as represented in these comments -

  - ♦ It created excitement in the way it affirmed our philosophy on child development and was consistent with letting kids choose and have control.

  - ♦ Staff are being more creative about what they can do under impending cuts and adding a family-focused component involved no added cost.

  - ♦ It generated information to help me self-examine my practice and determine what works and what doesn't. As a result, I now have a more in-depth approach to working with severely involved kids.

  - ♦ The training gave staff useful information and the impetus to review plan and implement what they learned.

  - ♦ The training process was genuinely responsive to Midcoast's needs, which extended its influence onto practice.

- It enabled us to do more thinking and increase our awareness on issues we now have with families.

- Participants were found to be using new strategies and skills as suggested in these remarks -

  - There may be a qualitative difference now in staff interaction with the families they serve.

  - Through training, specialists learned to organize their thoughts about practice and integrate the family-focused concepts they learned into their work.

  - Some new skills and strategies were developed to use with nursery school staff in the IFSP process.

  - Staff are now able to do more of an activity that the child is already doing and use toys on an appropriate level for the child.

  - We learned about turntaking, imitation and interactive match through the use of play which was not in place before at United Cerebral Palsy.

  - Our process of working together is better. We function better as a team and have more confidence about what we can do.

- Practitioners' perceptions and attitudes were enhanced from taking part in the training as reflected in the following -

  - Staff have changed their thinking of how parents need to be involved in the early childhood team and as active participants in the planning process.

  - We see now there's a need for more planned periods for actively engaging children in the process by following their interests and having them participate in other ways we haven't tried as yet.

  - Staff look differently at what they can do with kids and involve their parents, too.

  - Specialists recounted how they are more oriented to working with families or focused on the interaction between parents and kids.

- It affected all aspects of practice - consulting, training and therapy.

- Target sites cited that a range of staff development needs were met as indicated from these comments -

  - It met the needs of the intended audience here. It addressed about one-third of our total staff development for the year.

  - I understand how we can use the experience to further our other staff development needs.

  - Administrative roles were examined that helped to increase the communication between various program components.

  - Facilitation of the training and its flexibility offered a fresh outlook while giving individual attention to trainee needs.

  - The experience met our needs by affirming our conviction to the model and delivering the "nuts and bolts" of the ARENA as an outcome.

  - You were effective; the training met the expectations we had.

- Participants identified how the training had an effect on the way families were served according to these responses -

  - We regularly communicate and share more with parents.

  - The addition of a parent-child group for birth to 2 1/2 year olds now meets once a week.

  - It enhanced the practice of focusing on the whole child which has affected how the program specialist works with staff and their families in providing more information on parent-child interaction.

  - Being focused from training helped heighten our attention to family concerns.

  - It increased understanding in our own thinking to definitely plan to involve parents in the ARENA.

  - We became more inclusive of families by using the team assessment process.

- ♦ Our parents say they're delighted we're getting this training from the IDC.

- Local administration cited that training provided an opportunity for programs to grow which is reflected in these remarks -

  - ♦ The process affirmed what we're trying to do. We are getting to where we want to be doing assessments. This has given us incentives to keep going and work on this while involving parents.

  - ♦ The value of face-to-face consultation and practical experience given in program development issues helped to identify available resources and offer practical solutions to the program in its new facility.

  - ♦ This provided a stepping off point in our program to look at how to use the training practices with older kids, too.

  - ♦ Teaming in assessment is crossing the barriers of professions and leads to teaming in programming. We believe in the model and see its implications from assessment to the programming area.

B. Changes in the In-state Specialists Practice

Along with the influence on target site participants, a number of changes in the in-state specialists' practices were attributed to the project experience:

- Giving further affirmation of the importance of actively working with families.

- The experience had a positive effect on attitudes for working in early intervention.

- It helped me to gain greater confidence in developing the goals and objectives for the IFSP.

- Learning new ideas about seeding programs while conducting training.

- As a result, I learned more in-depth approach in working with severely involved kids.

- It reinforced my thinking more about the priorities of serving families and creating more integrated services.

- Some indirect benefits for us were:

  - The affirmation of the transdisciplinary team concept.
  - Motivation to use the model and
  - The idea of including families in creating plans.

- It increased my understanding of what parents need to know about the process.

C. Programmatic Changes in Service Delivery

Several unanticipated effects documenting changes in the delivery of early intervention services are associated with the project. The changes accounted by program target sites and to some extent ascribed to the training are:

- An increased number of parent support groups conducted by the sites.

- Enhanced communication between different components of available programs i.e. home-based and center-based through local sites.

- Written policy to convey a program's philosophy toward working with families developed by sites.

- Staff participating in the project were becoming strong advocates for the rights of families.

- The addition of family-focused components was possible without any added costs.

- Staff recognize in their practice how screening, team assessment and case management will be affected in the effort to meet family needs as a result of the training.

- Two of the nine programs receiving training identified an increase in the range of early intervention services provided and the number of children being served. One program indicated a reduction in the average hourly rate of related support services provided.

D. Long Term Effects on Early Intervention Practice

Finally, there appears to be evidence that the training has had a long term effect on both practitioners and their programs based on pre and post test scores and survey responses from participants. A cross-site analysis of questions relative to:

- Assessing Family Strengths and Meeting Family Needs

- Implementing Empowering Case Management Practices and
- Developing and Implementing Individual Family Service Plans

has shown a variable increase in mean score averages of participants at both the immediate post-test point and then in the final evaluation survey which was administered between seven months and two years following training. Therefore, a recorded increase in ratings occurred over time that was often equal to or greater than the initial increase in rating that immediately followed training.

V. SETTING THE STAGE: A POLICY FRAMEWORK FOR THE FUTURE

In order to help determine the future direction of early intervention practice in Maine, it becomes necessary to consider the implications Project Reach ME has for shaping policy that further enhances the development of best practice training throughout Maine. If we are to create a statewide system that is committed to advancing "best practices" training opportunities for the field of early intervention, we will all need to begin to set the stage for establishing future guidelines for policy in each of the following areas:

- Budget and Finance
- Administration and Management
- Staff Development
- Program Planning
- Service Delivery

As a result of the proceedings from the Project's Fourth Early Intervention Institute, a range of policy questions were raised that are germane to the aforementioned areas in early intervention. Our intent now is to focus efforts in addressing these issues in the future which have been identified with the essential features of Project Reach ME. These are the questions we must begin to ask in our quest to formulate policy that will direct the field toward advancement of best practices through training.

A Collaborative Process

- Who will be responsible for creating and continuing training?
- What roles will agencies play?
- How will the training be developed and individualized?
- How can the University system promote training policy?
- How will we communicate our training needs to training institutions?
- How can parents access and participate in training?
- Where and what funding will be available?
- How will state and university partnerships evolve?

Flexibility Through Adjustment

- What commitment is necessary for participation?
- Do we continue to build our capacity to shape our own training?
- Can training continue to be field-based and responsive?
- How do we align the costs and benefits from the training?
- Which approaches will address our needs?
- How will an early intervention staff development initiative complement existing professional development programs?

Based on Self-Identified Need

- How do we determine our training needs?
- How will all disciplines in need of training be able to participate?
- How will certification standards influence the need for training?
- How do we balance the need for training between parents and professionals?

- How will the national agenda for promoting "best practices" influence the perceived self-identified needs in Maine?

Challenging To Advance Best Practices

- Is it feasible to continue "best practice" training?
- What will be the needs of our evolving system for promoting best practices?
- How will restructuring state government affect the "best practice" agenda?
- What barriers will continue to exist for conducting "best practice" training?
- How could the "Reach ME" model continue to conduct "best practice" training in other substantive areas that would address the needs of Maine?

References

1. Maine Interagency Coordination Study, Susan Koen, Matrices, Inc. (1985).

2. Preschool Programs For the Education of Handicapped Children: Background Issues and Federal Options, C.J. Fraas, CRS #86-55 EPN (March, 1986).

3. Preparation of Early Childhood Personnel: Responses to Public Law, 99-457, S. Rule, B. Fiechtl, L. Huntington, A. Riall, and J. Siders, Utah State University (November, 1988).

4. *Issues and Directions in Preparing Professionals To Work With Young Handicapped Children and Their Families*, D.B. Bailey (1989), In Gallagher, Throhanis and Clifford, "Policy Implementation and PL 99-457", Baltimore: Paul H. Brookes.

5. *Achieving Results from Training: How to Evaluate Human Resource Development to Strengthen Programs and Increase Impact*, R.O. Brinkerhoff, San Francisco: Jossey-Bass, 1987.

6. Using Evaluation to Transform Training, R.O. Brinkerhoff in R.O. Brinkerhoff (ed.), "Evaluating Training Programs in Business and Industry", New Directions for Program Evaluation, Winter (1989).

7. *The Promise of Professional Development - Maine's Comprehensive System of Professional Development*, Maine Department of Education (1990).

8. Performance Report: State of Maine Child Development Services to the Maine State Legislature, Joint Standing Committee on Education (March, 1991).